



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000001

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SNARKY, INC

DOING BUSINESS AS BARBYANN'S RESTAURANT

ADDRESS 120 AIRPORT RD.

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: CUNNINGHAM,
JOHN M.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WOOD FRAME BUILDING W/ ENTRANCE OF AIRPORT ROAD. TWO EXITS IN KITCHEN.
KITCHEN IS APPROX. 1500 SQ.FT. EXIT AT REAR OF DINING ROOM AND MAIN ENTRANCE
AREA HAS TWO EXITS. UPSTAIRS DINING AREA HAS 50 SEAT AND EMERGENCY EXIT.
BAR AREA HAS SEATING FOR 40. MAIN DINING AREA SEATS 60.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000005

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: C & D SHAMROCK, INC

DOING BUSINESS AS THE 19TH HOLE

ADDRESS 11 BARNSTABLE RD, HYANNIS

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: DOHERTY,
CHRISTOPHER J.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 ENTRANCES/EXITS ON BARNSTABLE RD, ONE OFF PARKING LOT. MAIN FLOOR:
BAR, RESTAURANT, KITCHEN, GAME ROOM. BASEMENT: COCKTAIL LOUNGE, REST
ROOMS, STORE ROOM AND BOILER ROOM

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000006

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HYANNIS LODGE 31549 OF THE BENEVOLENT & PROTEC

DOING BUSINESS A

ADDRESS 852 BEARSE'S WAY

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: WALKER,
RICHARD J.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE FLOORS, BASEMENT, STORAGE. SECOND FLOOR: 3 ROOMS

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000007

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HOUSE OF BUD'S, INC

DOING BUSINESS AS HOUSE OF BUD'S

ADDRESS 959 BEARSE'S WAY

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: CHAMBERS,
CANDACE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOODEN STRUCTURE WITH ONE ROOM. RESTROOMS, 16X20' DECK AND THREE EXITS. SEATING CAPACITY FOR 125 AT BAR & TABLES. INCLUDES 16 SEATS ON DECK. ENTRANCE AND EXIT TO BEARSE'S WAY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000009

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHENANIGANS INC

DOING BUSINESS AS BOBBY BYRNE'S HYANNIS PUB

ADDRESS BEARSE'S WAY-RTE.28

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: DANNEWITZ,
ZEPH SAGE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONCRETE, BRICK & WOOD FRAME BUILDING WITH TWO ENTRANCES IN FRONT OF BUILDING FACING BEARSE'S WAY. THREE EXITS TO THE REAR. TABLE & CHAIR SEATING 117. BAR WITH SEATING FOR 30. NO BASEMENT.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000014

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WEST BARNSTABLE DEER CLUB INC

DOING BUSINESS AS

ADDRESS 1800 OLD STAGE ROAD W. BARN

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02668

MANAGER: HORTON, DEREK TYPE OF LICENSE: Club
J.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN BLDG WITH 2 FLRS AND AREA IN A FORMER GARAGE. 1 FLR:
RESTROOMS, KITCHEN, MAIN ROOM & STORAGE. 2ND FLR: RESTROOMS, KITCHEN, MAIN
ROOM, 2 ENTRANCES/EXITS. 200 FT RADIUS AROUND OUTSIDE AND SERVICE AREA IN
FORMER GARAGE

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LICENSE NUMBER: 007000015

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JOHN A. MAHONEY INC.

DOING BUSINESS AS CRAIGVILLE PIZZA AND MEXICAN

ADDRESS 618 CRAIGVILLE RD

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02632

MANAGER: MAHONEY, JOHN TYPE OF LICENSE: Restaurant
A.

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLR WITH STORAGE IN BASEMENT ONE DINING AREA WITH KITCHEN AND
RESTROOMS. GREENHOUSE DINING ROOM WITH SEATING FOR 20. 2 HANDICAPPED
RESTROOMS AND RAMP

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000017

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: C & C FOODS, INC.

DOING BUSINESS AS REGATTA OF COTUIT

ADDRESS 4631 FALMOUTH RD.

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02635

MANAGER: FIZELL, WELDON TYPE OF LICENSE: Restaurant
R.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4631 FALMOUTH ROAD, COTUIT, ADDITION OF A BAR WITH NO MORE THAN 14 SEATS 2
1/2 STORY WITH BASEMENT. FIRST FLOOR CONSISTING OF RESTAURANT, LOUNGE,
KITCHEN, WITH BASEMENT AND ATTIC FOR STORAGE. Outside patio with 5 tables and 20 seats
on the west side of the restaurant

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000023

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SCOTTISH ROCK, LLC

DOING BUSINESS AS QUARTERDECK LOUNGE

ADDRESS 247 IYANNOUGH RD.

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: THOMPSON,
ERROL

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE WOOD FRAME BUILDING WITH ONE ENTRANCE ON IYANNOUGH ROAD. TWO
EXITS AT THE REAR OF THE BUILDING. A TWO ROOMED INTERIO WITH A COMBINED
SEATING CAPACITY OF 50. ONE BAR WITH OPEN EXPOSURE TO BOTH ROOMS.

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000028

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DENNIS F. THOMAS POST#2578 V.F.W. BLDG. ASSOC. IN

DOING BUSINESS A

ADDRESS 455 IYANNOUGH RD.

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: LAWSON, PETER J TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WOOD FRAME BLDG WITH TWO ENTRANCES ON ROUTE 28. 3 EXITS TO REAR OF BLDG
AND ONE EXIT ON THE WEST SIDE. SEATING FOR 175 IN THE MAIN HALL, 82 IN LOWER
LEVEL BAR AREA; 44 IN LOUNGE AND 24 IN FLIGHT VIEW ROOM. TWO BARS EACH
SEATING 11. OUTSIDE SERVING AREA IN REAR, 300 SQ FT.

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000029

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SL UNO HYANNIS, INC.

DOING BUSINESS A Uno Chicago Grill

ADDRESS 574 IYANNOUGH RD.

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: SYLVESTER, JOSH TYPE OF LICENSE: Restaurant
UA

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM AND FUNCTION /DINING ROOM WITH SEATING UP TO 218 PEOPLE.
KITCHEN, STORAGE AREA AND RESTROOMS. OUTDOOR CAFE DINING.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000031

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SAM DIEGO'S INC

DOING BUSINESS AS SAM DIEGO'S

ADDRESS 950 IYANNOUGH RD. RTE. 132

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: KERSHAW,
ROBERT

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WOOD FRAME BUILDING CONSISTING OF: FIRST FLOOR RESTAURANT, SECOND FLOOR OFFICE AND BASEMENT FOR STORAGE. RESTAURANT AREA APPROXIMATELY 9,500 SQUARE FEET WITH INDOOR TABLE SEATING FOR 252, INDOOR SEATING FOR 42 AT TWO BAR AREAS AND SEATING FOR 48 ON AN OUTDOOR (SEASONAL) PATIO. ALL SHOWN ON A PLAN TITLED A900 AND DATED APPROVED 9/13/1999 ON FILE WITH THE LICENSING AUTHORITY. PUBLIC AREA CONSISTS OF THREE ROOMS PLUS THE PATIO ON THE EAST SIDE OF THE PREMISES, KITCHEN, RESTROOMS AND STORAGE AREAS NORTH SIDE OF PREMISES. ELEVEN EXITS WITH TWO ENTRANCES, ONE ON THE WEST SIDE AND ONE ON THE NORTH SIDE WITH ACCESS TO THE REAR PARKING LOT.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000037

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BERTO & AL, INC.

DOING BUSINESS A ALBERTO'S RISTORANTE

ADDRESS 360 MAIN STEET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: BARREIRO,
FELISBERTO G.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

360 MAIN ST HYANNIS. MASONRY AND WOOD BUILDING WITH ONE ENTRANCE AND
WXIT ON MAIN ST. 2 ENT/EXITS ON SIDE OF FLDG. AND 2 EXITS IN REAR OF BLDG. 7 RMS.,
TABLES AND CHARS SEATING 250. 1 BAR WITH SEATING FOR 8. KITCHEN AREA OF THE
2,300 SQ. FT. OPITION, REMOVABLE DANCE FLOOR 12 X 15 FOR PRIVATE
FUNCTIONS. BASEMENT STORAGE AREA OF 6,000 SQ. FT. OUTSIDE SERVING AREA FOR 30
ON MAIN STREET AND 32 TO THE SIDE OF THE BLDG. NORTH STREET PARKING LOT.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000042

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ODAAT CORP

DOING BUSINESS AS THE ORIGINAL GOURMET BRUNCH

ADDRESS 517 MAIN ST

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: COTELLESA,
JOHN E.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 FLOORS. 1ST FLR; 3 ROOMS TO INCLUDE DINING ROOM, KITCHEN AND WAITRESS AREA. 2ND FLR; OFFICE, STORAGE AND RESTROOMS. ENT/EXIT TO MAIN ST. ADD TO EXISTING DESCRIPTION; INCREASE THE SEATING CAPACITY TO INCLUDE 24 SEATS ON AN OUTSIDE PATIO IN FRONT OF THE RESTAURANT, TOTAL OF 92 PERSONS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE: _____

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000047

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: International Inn Bar & Grill, Inc

DOING BUSINESS AS International Inn

ADDRESS 662 MAIN ST

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: Ahuja, Ravi

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR, 24 ROOMS, 20 ROOMS ON SECOND FLOOR. BASE- MENT FOR STORAGE.
COFFEE SHOP RESTAURANT AND LOUNGE. 3 WOODEN BLDGS TO REAR WITH 42 ROOMS.
POOL AREA AND CONFERENCE ROOM OUTDOOR PATIO 48 SEATS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000050

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NEW ENGLAND CLAMBAKE, INC.

DOING BUSINESS AS WIMPY'S

ADDRESS 752 MAIN ST

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02655

MANAGER: SISCOE, DANIELLE TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR WITH SEVEN ROOMS, ATTIC FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000052

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DOLPHIN REST. INC. THE

DOING BUSINESS AS DOLPHIN RESTAURANT ONE

ADDRESS 3250 MAIN ST

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02630

MANAGER: SMITH, NANCY
JEAN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

REAR ENTRANCE FROM PARKING LOT. 2 FLOORS, FOUR ROOMS ON 1ST FLR. SIX ROOMS ON SECOND FLOOR AND PARTIAL CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000053

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHU INC

DOING BUSINESS AS DRAGONLITE RESTAURANT

ADDRESS 620 MAIN ST

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: LIU, MONTE M.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, KITCHEN, DINING ROOM, COCKTAIL LOUNGE, CELLAR FOR STORAGE.
ENTRANCE/EXIT ON MAIN ST AND REAR EXIT

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000058

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OSTERVILLE VETS ASSOC. INC

DOING BUSINESS AS

ADDRESS 753 MAIN ST.

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02655

MANAGER: ANDRES,
CORNELIUS

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

GROUND FLOOR;MENS AND LADIES LOUNGE,STORAGE AND FURNACE ROOM. BAR WITH LOUNGE AREA ON FIRST FLOOR,COAT ROOM,STORAGE AND AUDITORIUM. ATTIC UNUSED

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000061

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CUMMAQUID GOLF CLUB OF YARMOUTH & BARNSTABLE

DOING BUSINESS AS

ADDRESS 35 MARSTONS LANE

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02637

MANAGER: RENAUD, NEAL J TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR; LADIES AND MEN'S ROOM, KITCHEN, BAR PRO SHOP AND LOUNGE. LOCKER ROOM IN BASEMENT

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000071

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HYANNIS YACHT CLUB

DOING BUSINESS AS

ADDRESS 490 OFF OCEAN ST

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: RICHARDSON,
WESLEY

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 FRONT AND 2 SIDE ENTRANCES/EXITS. 2 REAR ENT, 2 FLOORS AND BASEMENT. FIRST FLOOR; GRILLROOM, LOUNGE, RESTROOMS AND BALLROOM. 2ND FLOOR; OFFICE, APARTMENT, CLUBROOM AND STORAGE

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000073

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KINGS GRANT RACQUET CLUB INC

DOING BUSINESS AS

ADDRESS OLD KINGS RD-MAIN ST

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02635

MANAGER: MALOY, JOHN JR TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE FLOOR, 2 ROOMS INCLUDING PORCH, CELLAR AND SMALL STORAGE AREA IN REAR OF BUILDING. ENTRANCE/EXIT TO FRONT AND REAR

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000075

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OYSTER HARBOR CLUB INC

DOING BUSINESS AS OYSTER HARBORS CLUB

ADDRESS 170 GRAND ISLAND DRIVE

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02655

MANAGER: MAYO, DOUGLAS TYPE OF LICENSE: Club
D.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ENTRANCE AND FOUR EXITS ON FIRST FLOOR, TWO ON LOWER LEVEL. 19 ROOMS
ON FIRST FLOOR, LOUNGE, LOBBY, DINING ROOM, OFFICE AND STORAGE, GRILL ROOM,
BAR AND ADJACENT LAWN AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000080

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JULIA HOTEL LLC

DOING BUSINESS AS COURTYARD BY MARRIOTT

ADDRESS 707 IYANNOUGH RD

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: ANDERLOT,
WENDY E.

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

INN CONSISTING OF 120 RENTAL UNITS ON 2 FLOORS WITH CONNECTING SINGLE STORE
COMMERCIAL BUILDING OF ABOUT 12,432 SQ FT CONCTNG LOBBY, OFFICE, DINING
ROOM, LOUNGE, AND RECEPTION AREA. MASONRY AND WOOD INTERIOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000084

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PACIFIC BAY INC

DOING BUSINESS A TIKI PORT REST

ADDRESS 790 IYANNOUGH RD

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: Mah, Wai Fai

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT CONSISTING OF 4000SQ FT WITH MAIN DINING ROOM, LOUNGE/BAR, LOBBY AND KITCHEN ON GROUND FLOOR. ONE SIDE OF BUILDING HAS 2 FLOORS WITH 1ST FLR AS LOUNGE/BAR. LIVING QUARTERS ON 2ND FLR. CELLAR FOR STORAGE AND OFFICE. PARTY ROOM W/SEATING FOR 40.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000085

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ANNA KRANIOTAKIS FAMILY PIZZA, INC.

DOING BUSINESS AS PINOCCHIO PIZZA

ADDRESS 1661 RTE. 28

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02632

MANAGER: KRANIOTAKIS,
GEORGE

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR WITH RESTROOMS, COOKING AREA, EATING AND STORAGE AREA. FRONT ENTRANCE ON EAST SIDE AND REAR ENT/EXIT ON WEST SIDE/ RESTRICTIONS: WINE AND MALT TO BE SERVED WITH MEALS ONLY. 11 PM CLOSE, WINE AND MALT TO BE SERVED BY WAITERS/WAITRESSES ONLY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000090

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TFG HYANNIS HOSPITALITY LLC

DOING BUSINESS A RESORT AND CONFERENCE CENTER AT HYANNIS

ADDRESS 35 SCUDDER AVE

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: MOULTHROP,
LEANNE

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WOODEN BLDG, BRICK VENEER, DINING ROOM, COCKTAIL LOUNGE AND TAP ROOM ON FIRST FLOOR, 2ND FLR STORAGE, POOL, OUTDOOR POOL, CONVENTION HALL, MEETING AND FUNCTION ROOMS STORAGE SPACE ON 1ST FLR. 12 FT SHELTER IS ON THE GOLF COURSE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000092

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WIANNO CLUB

DOING BUSINESS A

ADDRESS 107 SEAVIEW AVE(CLUBHSE)

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02655

MANAGER: davis, peter c

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WOODEN STRUCTURE WITH 10 ROOMS ON FIRST FLOOR. 22 ROOMS ON SECOND FLOOR;
16 ROOMS ON THIRD FLOOR. OCEAN FRONTDECK, TERRACE AND BASEMENT FOR
STORAGE. ENT/EXIT ON SEAVIEW AVE ...SERVICE TO FOUR COTTAGES..PUTTING
GREEN NORTH, EAST, WEST...BEACH COTTAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000094

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DAVID COLOMBO

DOING BUSINESS AS ROADHOUSE CAFE

ADDRESS 488 SOUTH ST.

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

KITCHEN, TWO DINING ROOMS, LOUNGE, RESTROOMS, SERVICE BAR,,,,AND SIT-DOWN WITH 12 STOOLS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000096

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HYANNISPORT CLUB, INC

DOING BUSINESS AS HYANNISPORT CLUB, INC

ADDRESS 2 IRVING AVE.

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02647

MANAGER: SMITH, SCOTT A TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

136 ACRES AT 2 IRVING AVE TWO STORY BUILDING, ONE BAR MEMBERS LOUNGE, OUTDOOR PATIO, FIRST FLOOR MAIN DINING ROOM, LUNCH ROOM, OUTDOOR DECK AREA, SERVICE BAR, DANCE FLOOR, KITCHEN, STORAGE, AND REST ROOMS. TOATAL SEATING FOR APPROX 288 PEOPLE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000098

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WIANNO CLUB

DOING BUSINESS AS

ADDRESS P.O. BOX 249

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02655

MANAGER: DAVIES, PETER C. TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WOODEN GOLF HOUSE BLDG WITH FRONT ENTRANCE/EXIT TO PARKER RD. TWO
FUNCTION ROOMS, KITCHEN, BAR, PRO SHOP AND TERRACE ON GROUND FLOOR.
LOCKER ROOMS IN BASEMENT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000101

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 373 W. MAIN STREET INC.

DOING BUSINESS A JACK'S LOUNGE

ADDRESS 373 WEST MAIN ST

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: HORTON, GRACE TYPE OF LICENSE: Restaurant
M.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR CONSISTING OF LOUNGE, KITCHEN, RESTROOMS. FULL CELLAR FOR
STORAGE. 3 ENTRANCES AND EXITS. ONE IN FRONT AND 2 IN REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000102

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MITROKOSTAS CO., INC

DOING BUSINESS AS NEW ENGLAND PIZZA HOUSE # 1

ADDRESS 187 WEST MAIN ST.

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: KANTZELIS,
NICOLAOS A.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR WITH MAIN FLOOR USED FOR KITCHEN WITH SEATING FOR 96 PERSONS.
CELLAR USED FOR STORAGE. ENTRANCES/EXITS TO WEST MAIN ST

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000115

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: A. J. Lukes of Hyannis, Inc

DOING BUSINESS A Luke's Super Liquors

ADDRESS 395 Barnstable Rd

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: WALKER, TIM

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

One dual door in front of the building and one receiving door in the rear. 7096 sq ft plus a full basement

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

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DATE:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000116

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HYANNIS BLANCHARD'S, INC.

DOING BUSINESS AS BLANCHARD LIQUORS

ADDRESS 167 CORPORATION STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: COREY., DONALD TYPE OF LICENSE: Package Store
J. JR.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY MASONRY AND WOOD BUILDING WITH DISPLAY AREA, LAVATORY, OFFICE,
WALK IN FREEZER AND COOLER. ENT/EXIT IN FRONT AND EAST SIDE. RECEIVING DOOR
IN REAR

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000117

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CAPE COD PKG STORE, INC.

DOING BUSINESS AS

ADDRESS 1495 FALMOUTH ROAD

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02632

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY WOOD STRUCTURE 1495 FALMOUTH ROAD...ENTRANCE AND EXIT ON EAST AND WEST SIDE...SERVICE ENTRANCE(3) ON SOUTH SIDE...FIRST FLOOR 4900 SQ FT RETAIL ALCOHOL, RELATED MERCHANDISE AND STORAGE...SECOND FLOOR 1280 SQ FT OFFICE AND STORAGE...BASEMENT STORAGE AND UTILITIES...BOTTLE REDEMPTION AREA CONSIST OF 364 SQ FT ON SOUTHSIDE OF BUILDING...ENTRANCE AND EXIT SOUTH AND WEST SIDE

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000118

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OCEAN SHORES CORPORATION

DOING BUSINESS AS COTUIT LIQUORS

ADDRESS 3858 FALMOUTH RD

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02648

MANAGER: O'BRIEN, DANIEL J. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

store with 7850 sq ft located in shopping plaza. One floor with office, storage and sales area. Entrance and exit to plaza on route 28

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000119

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PARKER'S DISCOUNT LIQUORS, INC.

DOING BUSINESS AS

ADDRESS 1166 IYANOUGH ROAD

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: Norton, Maureen

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 story single story bldg. Two rooms for retail and redemption. One rear room for storage. Two entrances, three exits

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000120

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GRAIN & VINE SPIRIT SHOPPE INC.

DOING BUSINESS AS GRAIN & VINE SPIRIT SHOPPE

ADDRESS 101 IYANOUGH ROAD

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: O'CAMPBELL,
ALAN

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WOOD FRAME 2 STORY BLDG. W/ ENTRANCE/EXIT ON WEST SIDE; EXIT/DELIVERY DOOR ON EAST SIDE. 1ST FL. APPROX. 1700 S/F RETAIL. BEER COOLER APPROX. 1000 S/F; CELLAR APPROX. 1000 S/F FOR STORAGE; 2ND FL. APPROX. 1700 S/F FOR STORAGE AND OFFICE.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000121

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SWISS VINEYARDS, INC.

DOING BUSINESS AS FANCY'S FARM MARKET

ADDRESS 699 MAIN STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02655

MANAGER: SMITH, BRIAN F.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FRONT ENT/EXITS AND ONE REAR ENT/EXIT. WOODEN BUILDING WITH 3 ROOMS ON FIRST FLOOR

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000122

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COTUIT GROCERY CO INC

DOING BUSINESS AS

ADDRESS 737 MAIN STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02635

MANAGER: GOULD, STEVEN TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WOOD FRAME THREE STORTY BLDG WITH 3600 SQ FT ON THE GROUND FLOOR. LIQUOR
STORE OF 790 SQ FT WITH TWO EXTERIOR EXITS ADDITIONAL 50-100 SQ FT IS USED
WITH THE GROCERY FOR DISPALY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000124

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BLACK MARLIN BEVERAGE CORP.

DOING BUSINESS AS CRAIGVILLE PACKAGE STORE

ADDRESS 2946 ROUTE 28 UNIT 1

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02648

MANAGER: MARSHALL,
JEFFREY L.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WOODEN STRUCTURE WITH ONE 1500 SQ FT STREET FLOOR AND 1500 SQ FT HANDICAP ACCESSIBLE BASEMENT CONTAINING 425 SQ FT WINE BROWSING AREA. STORAGE AREA AND OFFICE AREA. ONE FRONT ENTRANCE AND EXIT TO ROUTE 28 ONE SIDE EXIT AND TWO MEANS OF EGRESS FROM THE BASEMENT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000125

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JENNIFER L. CULLUM

DOING BUSINESS AS SEA STREET MARKET & PROVISIONERS

ADDRESS 231 SEA STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: CULLUM,
JENNIFER L

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR CONSISTING OF MAIN STORE. STORAGE IN REAR AND CELLAR. FRONT AND REAR ENTRANCES AND EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

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DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000126

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HYANNIS PACKAGE STORE, INCORPORATED

DOING BUSINESS A

ADDRESS W. MAIN ST & SCUDDER AVE.

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: BURCH, DONALD TYPE OF LICENSE: Package Store CATEGORY: All Alcohol
M.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FRONT AND ONE SIDE ENTRANCE ON SUDDER AVE. WOOD AND BRICK STRUCTURE
WITH THREE ROOMS ON THE FIRST FLOOR; SALESROOM, STORAGE AND OFFICE.
BASEMENT FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000127

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OSTERVILLE PKG STORE INC

DOING BUSINESS AS

ADDRESS 11 WIANNO AVENUE

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02655

MANAGER: NIGHTINGALE,
GAIL C.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FRONT ENTRANCE AT WIANNO AVE AND ONE REAR EXIT. WOODEN STRUCTURE
WITH THREE ROOMS ON STREET FLOOR AND CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000128

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TOWN LINE PACKAGE STORE, INC.

DOING BUSINESS AS WILLOW PACKAGE

ADDRESS 700 YARMOUTH RD HYANNIS

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: Rosario, Edward A.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING APPROXIMATELY 60 X 60 WITH TWO ENTRANCES AND EXITS
AND REAR FIRE EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000129

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SEVEN G'S DISCOUNT LIQUORS, INC.

DOING BUSINESS AS SEVEN G'S LIQUOR SHOPPE

ADDRESS 990 6A W. BARNSTABLE

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02668

MANAGER: GOVONI, PAUL A. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR; ONE ROOM FOR STORAGE. TWO ENTRANCES/EXITS TO PARKING LOT OFF RTE 6A

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000130

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DEER HOLLOW CORPORATION

DOING BUSINESS AS BARNSTABLE BOTTLE SHOPPE

ADDRESS 10 SEABOARD LANE

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: BISSETT, MARK T TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3500 SQ FT STORE LOCATED IN NEW BUILDING AT 10 SEABOARD LANE. ALL ON ONE LEVEL WITH ONE ENTRANCE/EXIT FACING STREET. STORAGE IN BASEMENT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000139

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 99 RESTAURANTS OF BOSTON LLC

DOING BUSINESS AS 99 RESTAURANT-PUBS

ADDRESS 1600 FALMOUTH ROAD

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02632

MANAGER: HANN, THOMAS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000142

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MICHAEL F. DEPAOLO

DOING BUSINESS AS IL MAESTRO RISTORANTE

ADDRESS 297 NORTH STREET, BLDG 2

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

187-C WEST MAIN ST. ONE FLOOR, DINING ROOM, SEATING FOR 49, SERVICE BAR, RESTROOMS, KITCHEN IN REAR, ENTRANCE/EXIT ON WEST MAIN STREET, SERVICE SECTION AND ENTRANCE IN REAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000161

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JOSEPH A. JAMIEL JR.

DOING BUSINESS AS ARDEO ON MAIN

ADDRESS 644 MAIN STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02630

MANAGER: JAMIEL JR.,
JOSEPH A.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

STOREFRONT CONSISTING OF FIRST FLOOR, PLUS DECK AND BASEMENT. FIRST FLOOR INCLUDES BAR, DINING ROOM, KITCHEN, TWO RESTROOMS WITH BOTH FRONT AND REAR ENTRANCE/EXIT. BASEMENT INCLUDES DRY STORAGE, LIQUOR STORAGE AREA AND OFFICE AREA.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000162

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PREET CORP.

DOING BUSINESS AS PAVILION INDIAN CUISINE

ADDRESS 511 MAIN STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: THIND, PARAMJIT TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

OUTSIDE DINING AT 5 TABLES OF FOUR EACH IN FRONT OF RESTAURANT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000186

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GMRI, INC.

DOING BUSINESS AS THE OLIVE GARDEN ITALIAN RESTAURANT

ADDRESS 1095 IYANNOUGH RD.

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 026311

MANAGER: KEMPANER,
TRACI A.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING CONSISTING OF FIVE DINING ROOMS TO TALING 6,430 SQ. FT
WITH SEATING FOR 246. A 229 SQ. FT. LOUNGE WITH A BAR S EATING 19. A 2,285 SQ. FT.
KITCHEN, STORAGE AREAS, COOLER AND FREEZER.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000187

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PUFFERBELLIES, INC

DOING BUSINESS AS PUFFERBELLIES

ADDRESS 00183R IYANNOUGH RD.

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: AROUSTAMIAN,
SUNNY

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

16000 BRICK BLDG WITH LOUNGE, RESTAURANT AREA, BANQUET ROOM + 20,000
FENCED IN PATIO.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000190

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SCOTT LOPES, LLC

DOING BUSINESS AS THE PIZZA WAVE

ADDRESS 3864 FALMOUTH RD

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02648

MANAGER: LOPES, SCOTT

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PART OF A ONE STORY STRIP MALL CONSISTING OF APPROX 1500 SQ FT WITH DINING AREA WITH SEATING FOR 44, A KITCHEN PREP AREA AND 2 RESTROOMS. ONE FRONT ENTRANCE AND ONE REAR ENTRANCE. OUTSIDE DINING AT PICNIC TABLES.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000193

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RADISSON BISTRO INC

DOING BUSINESS AS DOUBLETREE BISTRO

ADDRESS 287 IYANNOUGH RD.

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: CONNOLLY,
CHRISTOPHER M.

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR CONSISTS OF DINING ROOM WITH SEATING FOR 150, BAR AREA WITH 12 STOOLS. PREMISES CONTAIN COOLER, FREEZER, KITCHEN, TWO RESTROOMS AND EMPLOYEE AREA AND OFFICE. SEVEN FUNCTION ROOMS, TWO ON THE FIRST FLOOR AND THE OTHER FIVE ARE ON THE LOWER LEVEL

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000196

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CLARTIN INC.

DOING BUSINESS AS KETTLE HO

ADDRESS 12 SCHOOL STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02635

MANAGER: CURTIN, STEPHEN TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOOD STRUCTURE APPROX 2000 SQ FT CONTAINING DINING AREA, CAFE AREA, COUNTER, BAR WITH SEATING FOR 18, KITCHEN, RESTROOMS, OFFICE AND BASEMENT FOR STORAGE. 2 ENTRANCES AND EXITS ON SCHOOL ST. SERVICE ENTRANCE TO KITCHEN IN REAR. MAX SEATING 50, INCLUDING COUNTER/BAR STOOLS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000199

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MAD HATTER LLC

DOING BUSINESS AS GREENHOUSE RESTAURANT

ADDRESS 1127 IYANNOUGH RD

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: CONNOLLY,
CHRISTOPHER

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

196 UNIT MOTEL WITH 2 STORIES, BASEMENT AND 4 FUNCTION ROOMS. BASEMENT, 3
FUNCTION ROOMS, POOL & DECK AREA. BASEMENT; 3 FUNCTION ROOMS; FIRST
FLOOR; KITCHEN, LOUNGE, RESTAURANT, POOL & DECK AREA; SECOND FL; 1 FUNCTION
ROOM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000200

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PIZZA BY NICKOLAS INC.

DOING BUSINESS AS MIKE'S PIZZA

ADDRESS 1220 IYANNOUGH RD

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: MESIALIDES,
EVANGELA

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 SEPARATE ROOMS AND 2 RESTROOMS. THREE ROOMS CONSIST OF A SEPARATE DINING ROOM WITH SEATING FOR 48, COOKING AREA AND SEPARATE PREP AREA AND STORAGE AREA . ONE FRONT AND ONE REAR ENTRANCE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000204

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OCEAN PARTNERS, INC.

DOING BUSINESS AS THE ISLAND MERCHANT

ADDRESS 302 Main St

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: Dunn, Joseph P. II

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

Wood frame building with one entrance and one exit. 1750 sq ft. basement storage area of 450 sq ft, kitchen area of 400 sq ft. Has one bar, tables and chairs with seating totaling 49

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000205

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SJR GROUP INC.

DOING BUSINESS A FIVE EIGHTY SIX BISTRO

ADDRESS 586 MAIN STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: SCHILDGE, JASON TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR CONTAINING ONE DINING ROOM AND ONE KITCHEN WITH SEATING FOR 112. SEATING FOR 16 AT BAR/COUNTER; FOUR RESTROOMS; THREE ENTRANCES AND EXITS TO MAIN ST. TWO EMERGENCY EXITS TO THE REAR OF BLDG ADDING DINING AT FIVE TABLES OF 4; TOTALING 20 SEATS IN FRONT OF THE RESTAURANT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000211

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FAZIO'S TRATTORIA, INC.

DOING BUSINESS AS FAZIO'S TRATTORIA

ADDRESS 294 MAIN STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: FAZIO, THOMAS E.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

294 MAIN STREET, HYANNIS, MA, MASONRY BUILDING WITH MAIN ENTRANCE ON MAIN STREET, ONE ENTRANCE ON WILLOW AVE. AT REAR OF BUILDING AND ONE ENTRANCE ON EAST SIDE OF THE BUILDING. TABLE AND CHAIR FOR 82 (INCLUDING 24 SEASONAL OUTSIDE SEATS), PLUS 8 SEATS AT THE BAR. A BASEMENT STORAGE AREA OF 3,000 SQ. FT. KITCHEN AREA OF 1,040 SQ. FT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000215

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE DAILY PAPER INC.

DOING BUSINESS AS THE DAILY PAPER

ADDRESS 644 WEST MAIN STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: WEBB, AARON

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ENTRANCES AND EXITS FOR CUSTOMER USE. DINING AREA IS 67X26 WITH SEATING FOR 125 INCLUDING A COUNTER THAT SEATS 20. BEHIND THE DINING AREA IS A KITCHEN WITH AN ADDITIONAL ENTRANCE AND EXIT USED BY THE EMPLOYEES. EAST SIDE OF BLDG CONTAINS TWO RESTROOMS Add outside dining for up to 28 at 7 tables on the existing porch in front and on the side of the restaurant

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000217

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NEW SEDGEWICK, INC.

DOING BUSINESS AS PUFF THE MAGIC

ADDRESS 649 MAIN ST

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: WOOD, DAVID M. TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY WOOD FRAME BUILDING. 1ST FLOOR: 1 ROOM APPROX. 800 SQ. FEET FOR
SERVICE OF ALOCOHOL SEATING 35. 1 ROOM APPROX. 700 SQ. FT. RETAIL FOR SALE OF
TOBACCO PRODUCTS. ONE ROOM APPROX. 100 SQ. FT FO KITCHEN STORAGE OF
LIQUOR. EXITS ARE 1 TO THE REAR, 1 TO THE FRONT MAIN ST
BASEMENT STORAGE AREA, OUTDOOR SEATING AREA FOR 7

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000218

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WKC,INC.

DOING BUSINESS AS MISAKI

ADDRESS 00379R WEST MAIN ST

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: BUTLER,KAREN L.TYPE OF LICENSE:Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WOOD FRAME BLDG WITH TWO ENTRANCES ON SUOMI RD AND TWO EXITS TO REAR OF BLDG, SEATING FOR 40, ONE SUSHI BAR WITH SEATING FOR SIX, FIRST FLOOR STORAGE IS 400 SQ FT AND KITCHEN IS 600 SQ FT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000222

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WEQUAQUET LAKE YACHT CLUB, INC.

DOING BUSINESS AS

ADDRESS 150 ANNABELLE POINT RD

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02632

MANAGER: CHEVALIER,
RONALD N.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 FLOORS WOODEN BLDG WITH FIVE ROOMS ON FIRST FLOOR. THREE ROOMS ON THE SECOND FLOOR. THREE ENTRANCES ON THE STREET, TWO ON LAKE SIDE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000224

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LIU MING HUA INC.

DOING BUSINESS AS GOLDEN FOUNTAIN RESTAURANT

ADDRESS 203 WEST MAIN ST

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: ZHANG, QIAO JIN TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ENTRANCE AND EXIT ONTO WEST MAIN ST. ONE EXIT TO REAR OF BLDG, TABLE
AND CHAIRS SEATING 48. KITCHEN AREA APPROX 400 SQ FT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000228

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: R & Y ENTERPRISES, INC.

DOING BUSINESS AS Ying's Sushi Bar & Lounge

ADDRESS 59 CENTER STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: SURIYAWONG,
TANIDA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 ENT/EXITS TO PARKING LOT AND 1 ENT/EXIT AT REAR FROM KITCHEN. DINING AREA WITH SEATING FOR 28 AND 13 SEATS AT BAR. SEPARATE SUSHI ROOM WITH 20 SEATS AND 6 SEATS AT SUSHI BAR. OUTDOOR PATIO WITH 25 SEATS. 4 RESTROOMS. TOTAL INTERIOR SEATING 67

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000231

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OUTBACK STEAKHOUSE OF FLORIDA, LLC

DOING BUSINESS AS OUTBACK STEAKHOUSE

ADDRESS 1070 IYANNOUGH RD

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: BRODERICK,
JENNIFER

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TRANSFER OWNERSHIP INTEREST

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000236

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHANGHAI CHINESE RESTAURANT, INC.

DOING BUSINESS AS SHANGHAI CHINESE RESTAURANT

ADDRESS 11 RIDGEWOOD AVENUE

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: YANG, HENRY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000237

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SUPERIOR HOTEL MANAGEMENT CORPORATION

DOING BUSINESS AS HERITAGE HOUSE HOTEL & RESTAURANT

ADDRESS 259 MAIN ST

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: DAAL, JAN

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTRANCE TO MAIN ST AND PARKING AREA. EXITS AT SIDES AND REAR OF BLDG. 143 GUEST ROOMS, RESTAURANT 1ST FLR; STORAGE AREA 94 SF, KITCHEN 928 SF, 2230 SQ FT RESTAURANT WITH SEATING FOR 139 AND BAR SEATING 12. LOWER LEVEL; CONFERENCE ROOM, INDOOR POOL, OUTDOOR POOL. Same as current plus outside dining(patio) with 10 tables of 4 and 2 tables of 2 tpta;omg 44 seats. Room service to all 143 rooms throughout the property,all outside exterior areas.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000239

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NOT YOUR AVERAGE JOE'S, INC.

DOING BUSINESS AS NOT YOUR AVERAGE JOE'S

ADDRESS ROUTE 132

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: RANDON, BRUCE TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LOCATED WITHIN THE CAPE COD MALL WITH ONE MAIN ENTRANCE DIRECTLY FROM STREET INTO RESTAURANT AND REAR EXIT. SEATING FOR 155 AND BAR SEATING FOR 16. STORAGE SPACE OF 300 SQ FT AND KITCHEN AREA OF 1800 SQ FT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000240

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Unveiled Seafood, Inc

DOING BUSINESS AS THE NAKED OYSTER

ADDRESS 408 MAIN STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: LOWELL,
FLORENCE G.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

single story brick structure with basement .consists of one ent/exit on the south side,one ent/exit on east side,one ent/exit on west side of the bldg.dining rm seating for 76,bar drink rail for 8-10 standees,14 employees outdoor café with 12 deats in front of bldg. Kitchen,storage and restroom areas.total main floor 2200sq ft.1400 sq ft basement-office,storage restrooms and a function room with 20 seats.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000244

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DAVESTER,LLC

DOING BUSINESS AS EMBARGO

ADDRESS 453 MAIN ST

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: NOBLE,DAVID

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONCRETE AND WOOD BUILDING CONSISTING OF 8300SQFT. 1 ENTRANCE ON MAIN ST
THREE EXITS. 2881SQFT DINING ROOM WITH STAGE AREA& DANCE FLOOR. FRONT BAR
SEATING FOR 11 MIDDLE BAR SEATING FOR 30 SUSHI BAR SEATING FOR 6. TOTAL
INDOOR SEATING FOR 140 OUTSIDE SEATING FOR 16.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000246

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HEARTH'N KETTLE OF HYANNIS, INC.

DOING BUSINESS AS CAPE CODDER RESORT

ADDRESS 1225 IYANNOUGH RD

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: CATANIA,
WILLIAM

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

261 UNIT HOTEL UNIT CONTAINING 9 MEETING ROOMS, ONE LOUNGE AND TWO RESTAURANTS. BASEMENT HAS 5 MEETING ROOMS, SEATING FOR 718 AS WELL AS ASSORTED OFFICE SPACE. 1ST FLR HAS 2 RESTAURANTS, ONE LOUNGE AND FOUR MEETING ROOMS WITH A TOTAL SEATING SPACE OF 1020

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000247

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: B2 BURRITO BISTRO, INC

DOING BUSINESS AS

ADDRESS 790 IYANNOUGH RD

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: TUCKER,
CHRISTOPHER

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2500 SQ FT AREA WITHIN A SHOPPING PLAZA INCLUDES 960 SQ FT DINING AREA WITH 64 SEATS, 400 SQ FT PREP KITCHEN/STORAGE AREA AND 350 SQ FT KITCHEN, SERVICE AREA. ONE EXIT IN FRONT OF BLDG AND ONE EXIT IN REAR OF BLDG

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000251

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HOLT PIZZA, INC.

DOING BUSINESS AS SCOTTIE'S FAMOUS PIZZA

ADDRESS 244 ROUTE 28

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: HOLT, STEPHEN
M. JR.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1500 SQ FT DINING AREA OPEN TO KITCHEN WITH SEPARATE ROOM FOR PREP. FULL
BASEMENT FOR STORAGE. ONE FRONT ENTRANCE FACING RTE 28 TWO REAR
ENTRANCES IN DINING PREP ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000252

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JOMKWAN INC.

DOING BUSINESS AS THAI HOUSE RESTAURANT

ADDRESS 304-06 MAIN ST

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: ATIWEITHIN,
SAITHIP

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FLR; DINING ROOM WITH SEATING FOR 49, KITCHEN, STORAGE, RESTROOMS,
ENTRANCE AND EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000253

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HYANNIS PROPERTY, LLC

DOING BUSINESS AS BRITISH BEER COMPANY

ADDRESS 412 MAIN ST.

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: OTTO, MICHAEL JOSEPH
TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4400 SQFT ON GROUND FLOOR. FULL SERVICE KITCHEN; BAR SEATING 15. DINING ROOM SEATING 120 AND SEPARATED VESTIBULE AND WAITING AREA. FULL CELLAR FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000254

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BRAZILIAN GRILL, INC.

DOING BUSINESS AS BRAZILIAN GRILL

ADDRESS 676-78 MAIN STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: DE PAULA, KELLY TYPE OF LICENSE: Restaurant
A.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WOOD RAME BLDG WITH ON ENTRANCE ON MAIN ST. 2 EXITS TO REAR OF
BLDG., KITCHEN AREA OF 74' X 16'; DINING AREA OF 50' X 32' WITH SEATING FOR 89 AND
A BAR AREA WITH SEATING FOR 14; A SECOND DINING AREA OF 54' X 26' WITH SEATING
FOR 48; PATIO SEATING FOR 16.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000256

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MACHERAS MAIN ST. CORP.

DOING BUSINESS AS SCHOONER'S RESTAURANT

ADDRESS 372 MAIN ST

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: TRACY P.
MACHERAS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ADD REAR PATIO CONSISTING OF 36 SEATS AT REAR OF BLDG. AND FRONT PATIO OF 28 SEATS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000257

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: J & T FOOD SERVICE, INC.

DOING BUSINESS AS FIVE BAYS BISTRO

ADDRESS 825 MAIN STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02655

MANAGER: JAMES

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

SURPRENANT

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BRICK BUILDING WITH ONE ENTRANCE ON MAIN ST. TWO EXITS TO THE REAR OF BUILDING. TABLE AND CHAIRS SEATING FOR 72. BASEMENT STORAGE AREA APPROX 1920 SQ FT KITCHEN AREA APPROX 720 SQ FT

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000263

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: D.J.'S WINGS 'N' THINGS, INC.

DOING BUSINESS AS D.J.'S WINGS, RIBS, SUBS 'N' MORE

ADDRESS 165 YARMOUTH RD

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: CARLIN, DENNIS TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 STEEL RAILROAD CARS ADJACENT TO WOOD STRUCTURE. 3 ENTRANCES, EXITS ON EAST SIDE OF CARS, 2 EMERGENCY ENTRANCE/EXITS ON WEST SIDE OF CARS, ONE EMERGENCY EXIT ON NORTH SIDE. ONE RAILROAD CAR OFFICE AND STORAGE, 1 DINING ROOM, KITCHEN, 1 CONTAINS BAR & LOUNGE, PATIO ON EAST SIDE

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000264

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OCEANS HARBORS LLC

DOING BUSINESS AS OCEANS/HYANNIS ANGLER'S CLUB

ADDRESS 235 OCEAN ST

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: FOLINO JR.,
ANTHONY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOOR WOODEN STRUCTURE LOCATED AT 235 OCEAN STREET, HYANNIS. 1ST FLOOR DINING ROOM WITH 30 SEATS, BAR WITH 29 SEATS AND OUTDOOR PATIO WITH 40 SEATS. TWO HANDICAP ACCESSIBLE BATHROOMS AND 2 EXITS ON THE 1ST FLOOR WITH A KITCHEN AND SERVICE AREA. SEATING TOTAL 99, 9 STNADEES, 14 EMPLOYEES FOR TOTAL OCCUPANCY OF 122 ON 1ST FLOOR. SECOND FLOOR FUNCTION ROOM SEATING 54, BAR SEATING 13, WITH OUTSIDE DECK SEATING FOR 42. TWO BATHROOMS AND TWO MEANS OF EGRESS ON 2ND FLOOR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000268

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 4120 CORP

DOING BUSINESS AS BIG DADDY'S PIZZA

ADDRESS 4120 FALMOUTH RD

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02635

MANAGER: HOLLAND,
VINCENT B.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

900 SQ FT WITH ONE ENTRANCE AND EXIT AND TWO ENTRANCE EXITS AT BACK OF
STORE

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000272

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BARNSTABLE RESTAURANT INC.

DOING BUSINESS AS BARNSTABLE RESTAURANT AND TAVERN

ADDRESS 3176 MAIN STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02630

MANAGER: FINEGOLD,
SUSAN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FULL KITCHEN, 2 RESTROOMS, RECEPTION AREA, DINING RM. W/SEATING FOR 100.
LOUNGE AREA W/ SEATING FOR 34 PLUS 13 SEAT BAR. 2 ENTRNC OFF MAIN ST. ONE
ENTRANCE FROM BACK DECK AREA AND ONE LOWER LANDING ENTRANC AND
SEASONAL PATIO WITH SEATING FOR 29.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000275

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PALIO INC.

DOING BUSINESS AS PALIO PIZZERIA

ADDRESS 435 MAIN STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: MAZZEO,

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WOOD & BRICK BLDG. W/ 2 ENTRANCE/EXITS; APPROX. 2800 S/F W/ INSIDE SEATING IN DINING AREA FOR 30 AND OUTSIDE SEATING AREA FOR 16 AND 2 RESTROOMS, KITCHEN AND SMALL OFFICE AREA. OUTSIDE SEATING IS 9'10" X 48.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000278

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SEASIDE PUB ON MAIN LLC

DOING BUSINESS AS SEASIDE PUB ON MAIN

ADDRESS 615 MAIN ST

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: PHU, UY GIA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

GROUND FLOOR CONSISTING OF APPROX 4070 SQ FT. DINING ROOM WITH SEATING FOR 78, BAR AREA WITH SEATING FOR 18, 100 SQ FT LOUNGE AREA RESTROOMS, OFFICES AND KITCHEN _____ Outside dining at four tables with a maximum of 16 seats

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000280

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WILLOW TREE MARKET, INC.

DOING BUSINESS AS WILLOW TREE MARKET

ADDRESS 15 CHARLES STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: CHAUDRY,
SAEED A.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000286

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HYANNIS GOLF CORP.

DOING BUSINESS A SEE FORM 43 FOR DESCRIPTION IT IS EXTENDEVE

ADDRESS 1800 ROUTE 132

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: KEEFE, DANIEL T. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000287

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SAM, INC.

DOING BUSINESS AS MINI FOOD MART

ADDRESS 252 MAIN ST

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: JAMIL, ASIM

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WOOD FRAME BLDG. APPROX 2100 SQ.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000291

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COUNTRY CLUB ELITE, INC.

DOING BUSINESS AS PHILBRICK'S

ADDRESS 1460 ROUTE 149

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: IAN PHILBRICK

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000292

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NORTH STREET STEAKHOUSE AND SPORTS BAR, INC.

DOING BUSINESS AS THE STEAK HOUSE SPORTS BAR

ADDRESS 72 NORTH STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: RICHARDI, EDMOND
ND

TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FULL SERVICE RESTAURANT LOCATED AT 72 NORTH STREET HYANNIS KITCHEN 2
LEVELS BAR AND DINING ROOM 78 SEATS & 66 STANDI

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000294

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HESS MART OF MASSACHUSETTS

DOING BUSINESS A HESS EXPRESS 21243

ADDRESS 50 OCEAN ST

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: CURTIN,
HEATHER

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BRICK BLDG WITH 2268 SQ FT OF FLOOR AREA, SINGLE PUBLIC
ENTRANCE AND EXIT FACING SOUTH

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000295

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COLOMBO'S CAFÉ & PASTRIES, INC

DOING BUSINESS AS COLOMBO'S CAFÉ & PASTRIES

ADDRESS 544 MAIN ST

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: Sadelmire, Martin P TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

11 SEAT BAR, DINING ROOM, PERFORMANCE KITCHEN AND SEPARAT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000296

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TOMMY DOYLE'S HYANNIS LLC

DOING BUSINESS AS TOMMY DOYLE'S IRISH PUB & RESTAURANT

ADDRESS 334 MAIN STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: DOUGHERTY,
SHAWN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR: ONE ROOM WITH A TOTAL AREA OF 6560 SQ. FT. .OUTSIDE TERRACE SEATING FOR 56..TOTAL CAPACITY 325 INSIDE..KITCHEN 1295 SQ. FT. AND RESTROOMS..TWO ENTRANCES/EXITS (MAIN ENTRANCE ON BARNSTABLE ROAD) ON PUBLIC STREETS..TWO ADDITIONAL EMRGENCY EXITS IN PUBLIC PARKING AREA WITH ACCESS TO PUBLIC STREET...ADDITIONAL EGRESS FOR KITCHEN STAFF IN REAR OF BLDG...BASEMENT..ADDITIONAL RESTROOMS AND OFFICE SPACE..STORAGE AREA 1750 SQ. FT. ...TOTAL BASEMENT AREA 4690 SQ. FT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000297

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KOBİ HOUSE, INC.

DOING BUSINESS AS KOBİ HOUSE

ADDRESS 499 BEARSE'S WAY

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: HUANG-
LIU, KAREN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FL, IF ORENUSES ENTRANCE IN THE FRONT OF BLDG. AND EXIT IN THE DINING ROOM FROM THE KITCHEN TO OUTSIDE 1,500 SQ. FT. TOTAL SEATING FOR 48.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000298

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RYAN FAMILY AMUSEMENTS, INC

DOING BUSINESS AS RYAN FAMILY AMUSEMENTS

ADDRESS 441 MAIN STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: CAMPBELL, PETER TYPE OF LICENSE: General on
A. premise

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SOUTHERLY SIDE MAIN ST. WITH FRONTAGE ON MAIN STREET. ONE STORY CONCRETE AND CINDER BLOCK BLDG. AON SLAB. APPROX. 12,480 SQ. FT. 13 BOWLING LANES, 2 FUNCTION ROOMS. 2 HALF BATHROOMS, GAME ROOM AND OFFICES WITH ONE FRONT ENT. ONE SIDE ENT. ALCOHOL SERVICE TO BE IN CONCOURSE SEATING AREA AT 10 TABLES WITH SEATING FOR 20 AND FOR SPECIAL EVENT PARTIES IN THE FUNCTION ROOM. NO ALCOHOL IN THE GAME ROOM OR ACTIVE BOWLING AREA.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000299

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PAIN D' AVIGNON II INC.

DOING BUSINESS AS PAIN D' AVIGNON

ADDRESS 15 HINCKLEY ROAD

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: MARIANI, MARIO TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

C.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BLDG AT 15 A, B, AND C HINCKLEY ROAD, HYANNIS...APPROX 7558 SQ
FT...DINING AREA SEATING 52, KITCHEN AND PREP AREA, AND OUTSIDE PATIO
SEATING 19

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000301

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHARK CITY MARKET, LLC

DOING BUSINESS AS OLD VILLAGE STORE

ADDRESS 2455 MEETINGHOUSE WAY

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: SCHOFIELD, ALFR TYPE OF LICENSE: Package Store
ED P.

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

one primary enst/exit on route 149 and employee exit to rte 149 alcohol area measures 8x8 alcohol storage in 2nd floor offric.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000303

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CAFFE E DOLCI INC.

DOING BUSINESS AS CAFFE E DOLCI

ADDRESS 430 MAIN STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: CAPOLINO, LOUIS TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FRONT ENTRANCE AND REAR ENTRANCE FROM PUBLIC PARKING LOT...FOUR
BATHROOMS...38 SEATS INSIDE AND 24 SEATS ON OUTSIDE PATIO

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000304

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NEW BAROLO, INC

DOING BUSINESS AS BAROLO

ADDRESS 297 NORTH ST, UNIT 2

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: LAPSLEY,
THOMAS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

146 SEATS INDOORS AND 25 SEATS OUTSIDE. GROUND FLOOR BAR AREA WITH 15
STOOLS AND 26 CHAIRS AT TABLES SEPARATED BY HIP WALL MAIN DINING ROOM,
ALCOVE DINING, KITCHEN, RESTROOMS, COAT ROOM, BASEMENT PREP AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000305

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MACAAB INC.

DOING BUSINESS AS B & B PIZZA

ADDRESS 10 SEABOARD LANE

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: BOUTIETTE,
AARON JASON

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FULL SERVICE RESTAURANT LOCATED AT 10 SEABOARD LANE, HYANNIS,
MA. .KITCHEN ONE LEVEL, BAR AND DINING ROOM...20 SEATS...TWO BATHROOMS,
THREE EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000306

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MERRILL SWEET INC.

DOING BUSINESS AS SWEET TOMATOES PIZZA

ADDRESS 791 MAIN STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: SWEET, MERRILL TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2200 SQ FT WOOD FRAME SHINGLED BLDG WITH TWO ENTRANCES FACING MAIN STREET...ONE EXIT ON SIDE OF BLDG...SEATING FOR 34 INDOORS INCLUDING BAR WITH EIGHT STOOLS...SEATING FOR 12 ON OUTDOOR 340 SQ FT PAVED AND FENCED PATIO TERRACE IN FRONT OF BUILDING...TWO KITCHENS TOTALLING 547 SQ FT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000310

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BANGKOK CUISINE OF HYANNIS INC.

DOING BUSINESS AS BANGKOK CUISINE

ADDRESS 20 INDEPENDENCE DRIVE

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: TANASANDILOK, TYPE OF LICENSE: Restaurant
TANAPON

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1600 SQ. FT. FIRST FLOOR COMMERCIAL SPACE . ENTRANCE WITH GLASS DOOR AT SIDE OF BLDG.FOR CUSTOMERS USE, REAR AND KITCHEN ENTRY DOORS FOR EMPLOYEES AND STAFF USE. NINE TABLES OF FOUR, 6 TABLES OF TWO AND FIVE SEATS AT COUNTER/BAR. TWO RESTROOMS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000311

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: H & S ENTERTAINMENT, LLC

DOING BUSINESS AS BISTROT DE SOLEIL

ADDRESS 350 STEVENS STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: MITROKOSTAS, C
ONSTANTINOS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WOOD FRAME BLDG. With one entrance on STEVENS STREET AND TWO EXITS ON THE REAR OF THE BLDG/ TABLES and Chair SEATING FOR 58, BAR SEATING FOR 19, 104 STANDEES, BASEMENT STORAGE AREA OF 240 SQ. FT., KITCHEN AREA OF 462 SQ. FT. DANCE FLOOR 66 X 16.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000312

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COTUIT CENTER FOR THE ARTS, INC

DOING BUSINESS AS COTUIT CENTER OR THE ARES, INC

ADDRESS 4404 FALMOUTH ROAD

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: KUEHN, DAVID

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000313

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BEECH TREE CANTINA LLC

DOING BUSINESS AS SALT

ADDRESS 599 MAIN STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: Sweeney, Caitlyn E TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY STRUCTURE WITH RESTAURANT AND BAR AREA, COFFEE SHOP WITH 2 PATIOS. FRONT PATIO HAS 38 SEATS, INTERIOR REST HAS 113 SEATS, BAR HAS 27 SEATS & 2 COUCHES WITH SEATING FOR 8. INTERIOR COFFEE SHOP HAS 50 SEATS. WAITING AREA ON SECOND FLOOR WITH 8 SEATS. REAR COURTYARD CONSISTS OF BAR WITH 13 SEATS AND 87 TABLES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000314

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MAD HAT DP INC.

DOING BUSINESS AS HARRY'S AT THE DEPOT

ADDRESS 477 YARMOUTH ROAD

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: PATCHIN, DON

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY WOOD BUILDING CONTAINING APPROX 3500 SQ FT WHICH CONTAINS A 15'X25' (375 SQ. FT) KITCHEN, 2 RESTROOMS, A 45' X 25' (1125 SQ. FT.) DINING ROOM WITH A BAR; SEATS 50 PLUS, 10 STANDEES, 9 EMPLOYEES. 15' X 21' (315 SQ. FT) FURNACE/UTILITY ROOM, A 10'X 8' (80 SQ. FT.) ENTRYWAY, A 6' X 8' (48 SQ. FT.) OFFICE, A 7' X 14' (98 SQ. FT) STORAGE ROOM. ATTACHED TO THE REAR OF THE KITCHEN IS A 15' X 11' (165 SQ. FT.) WALK-IN REFRIGERATOR AND FREEZER. TEMP LICENSE FOR PHASE 1 AND PHASE 2 COMPLETED FOR 2ND DR/DANCE FLOOR AND STAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000315

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MC GRATH'S SALOON AND SPORTS BAR,LLC

DOING BUSINESS AS MC GRATH'S SALOON AND SPORTS BAR

ADDRESS 380 BARNSTABLE ROAD

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: MC

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

GRATH,DANIEL J.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SSINGLE WOOD FRAMED BLDG. FINISHED BASEMENT.FRONT(MAIN)ENTRANCE FROM
PARKING LOT ON SOUTH WALL OF BLDG.TO DINING/LOUNGE AREA, STAIRS TO LOWER
LEVEL TO RIGHT.EXIT TO PATIO ON WEST WALL,ENT.TO KITCHEN ON EAST WALL
LEADS TO 2 RESTROOMS AND BLDG. EXIT FROM KITCHEN.LOWER LEVEL STAIRS IN
SOUTHEAST CORNER OF RECTANGULAR DINING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000317

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VE FOODS, LLC

DOING BUSINESS AS GOL SUPERMARKET

ADDRESS 55 LYANNOUGH ROAD

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: D'OLIMPIO,
VINCENT

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000318

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BRASILIA FOODS LLC

DOING BUSINESS AS FOGO BRAZILIAN BARBEQUE

ADDRESS 55 IYANNOUGH

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: HURLEY,
ELIZABETH

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000319

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SMITHFIELD MARKET OF BARNSTABLE LLC

DOING BUSINESS A BARNSTABLE MARKET

ADDRESS 3220 MAIN STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: BLANKENSHIP,
JEFFREY

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000320

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ML FRUIT & PRODUCE, INC

DOING BUSINESS AS LAMBERT'S RAINBOW FRUIT

ADDRESS 1000 WEST MAIN STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: LAMBERT,

TYPE OF LICENSE: Package Store

CATEGORY: Wine and

MATTHEW W.

Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

EXISTING MARKET AT 100 MAIN STREET, CENTERVILLE WITH SALE OF GROCERIES,
DELI, FRUITS AND VEGTABLES CONTAINING AN ENTRANCE TO THE RIGHT OF THE
BUILDING WITH AUTOMATIC DOORS AND EXIT TO THE LEFT WITH AUTOMATICAL
DOORS. THREE WINE SHELVING AREAS 10' EACH: ONE 12' COOLER AS SHOWN ON PLAN

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000321

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE MILL STREET TAVERN INC.

DOING BUSINESS AS DUCK INN PUB

ADDRESS 447 MAIN STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: GREENE, JOHN N. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FRONT DINING ROOM, BACK DINING ROOM, ENTERTAINMENT AREA & OUTSIDE PATIO..INDOOR SEATING FOR 50, OUTSIDE FOR 44, SEATING IS 17 AT THE BAR, 28 AT TABLES, 5 IN CASUAL AREA...2 PUBLIC RESTROOMS, ONE KITCHEN RESTROOM, KITCHEN & PREP AREA...ONE EXIT/ENTRANCE ON MAIN STREET..ONE EXIT/ENTRANCE INTO PARKING LOT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000322

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PIZZERIA BARBONE LLC

DOING BUSINESS A PIZZA BARBONE

ADDRESS 390 MAIN STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: O'TOOLE, JASON

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE EXIT ON MAIN STREET, ONE EXIT AT REAR TO PARKING LOT OFF NORTH
STREET...TABLE AND CHAIR SEATING FOR 42, COUNTER SEATING FOR SEVEN..OUTSIDE
SEATING FOR TEN..1974 SQ FT..KITCHEN AREA IS 650 SQ FT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000324

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: prova brazil steakhouse

DOING BUSINESS AS prova brazil steakhouse

ADDRESS 415 MAIN STREET

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: OLIVEIRA, FABIO TYPE OF LICENSE: Restaurant
S.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PREMISES LOCATED AT 415 MAIN ST, HYANNIS MA AND CONSISTS OF A 3,370 SQ.FT. FENCED IN OUTSIDE SERVICE/PATIO AREA CONSISTING OF A PATIO BAR WITH 21 SEATS; 21 TABLES WITH 84 SEATS AND 11 LOUNGE SEATS, ACCESS TO THE PATIO AREA WILL BE AT THE MAIN ENTRANCE ON MAIN STREET WITH ALTERNATIVE EMERGENCY EXIT TO THE EAST; AND ONE TWO STRUCTURE, THE FIRST FLOOR OF WHICH CONSISTS OF A KITCHEN WITH A DISHWASHER ROOM, WALK-IN COOLER, STORAGE AND MOP ROOMS AND GRILL AREA, 219 SQ.FT. MENS AND 275 ST. LADIES BATHROOM, 2010 SQ.FT. DINING ROOM WITH 33 TABLES AND 136 SEATS, 560 SQ.FT. DINING/ENTERTAINMENT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000325

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CAPE COD BEER INC.

DOING BUSINESS AS

ADDRESS 1336 PHINNEY'S LANE

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: MARCUS, TODD A. TYPE OF LICENSE: Pouring Permit CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

5000 SQ FT WITH A 1000 SQ FT RETAIL AREA AND A 4000 SQ FT PRODUCTION AREA...1000 SQ FT PATIO AREA...TWO EGRESSSES 1 REAR OF BREWERY AND 1 AT FRONT OF RETAIL AREA...EXTERIOR PATIO WITH 6 PICNIC TABLES...SEATING FOR 49 AND ADDITIONAL 10 STANDEES ON THE PATIO

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000326

CITY OR TOWN BARNSTABLE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHIPOTLE MEXICAN GRILL OF COLORADO, LLC

DOING BUSINESS AS CHIPOTLE MEXICAN GRILL

ADDRESS 793 IYANNOUGH RD

CITY/TOWN: BARNSTABLE

STATE: MA

ZIP CODE: 02601

MANAGER: MARTIN,
CHRISTOPHER

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

NO BAR. TOTAL SF 2200 WITH 48 INDOOR SEATS. 228 SF PATIO WITH 3 TABLES AND 6 SEATS. MAIN ENTRANCE IN THE MALL VESTIBULE IN FRONT OF MALL AND PARKING LOT FACING NORTH. ENTRANCE ON EAST SIDE, EXIT ON SOUTH SIDE. 2 RESTROOMS. KITCHEN IS 939 SF. ALCOHOL STORED IN REFRIGERATOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)